South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

perator Name: Janet Marie Patton	Date of Inspection: $\frac{2/13/24}{}$ Time of Inspection: $\frac{12/12-13/15}{}$
rermit #: 18073	Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date)
.ddress: 5 Rosewood Lane YORK, So elephone #: 803-610-9313 hange in address? □ Yes □-No	Reason for Follow up: pending deficiencies pelf-report Hours of Operation: M-F7:00a-5:00p Any changes in contact info (Phone/Email/Fax)? Pes Pro Overnight Care? Pes Pro Zoning restrictions Pes Pro Contact Info (Phone/Email/Fax)?
otal Capacity: 6 'erify the following: Verified Liability Ins	ltems to be posted: ☑ Registration urance 63-13-210 ☑ Yes □ No If no, verify signed statements from parents. □ Yes □ No
	Total Indiana in Parallel

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)					
	C	N	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)					
Living room (no excessive clutter, etc.)					
Bedrooms (no children unsupervised, guns or drugs, etc)	dv/	0			
Sleep Arrangements (no Pack-N-Plays)			12		
Cribs meet CPSC requirements			D		
Bathrooms (no visible mold, etc.)	D/				
Garage/Shed (secured if harmful items inside)	D/	0	0		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<u>b</u>	0			
Multiple floor levels?			Yes to No		
No suffocation / Poisonous hazardous materials around the house	D	163 M			
No major structural damages (Holes in floors or walls, etc.)	iz	0			
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?		0			
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	102	0	0		
Any serious injuries requiring medical attention?		□ Yes te No			
Any fatalities?			Yes ENO		
DOCUMENTATION	128 (22 (423) 433) 434	103 13	INU		
	C C	N	NUA		
DSS 2909 completed for all enrolled children?	tr C		N/A		
Emergency Preparedness Plan?	- B				
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?	——————————————————————————————————————	_ []			
Permission forms from parents signed and dated?					
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No					
STAFFING & SUPERVISION					
Staff observed were qualified?	C	N			
Training hours up-to-date? 63-13-825	- 5		ļ		
Is provider over capacity?		_ IZ/			
Number of children observed:			□ Yes 🗷 No		
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<u>Supervision</u>: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the operator and/or staff being near and having ready access to children in order to intervene when needed.

Signature of Operator/Emergency Person:_	Charat	Potton	7 13 11
Signature of Operator/Emergency Person:_	July 1	1 4M Ol Date:	<u>J − / ⊃ − x y</u> □ Refused to sign
Signature of Child Care Licensing Specialist	Alsa Pru	Date:	2/13/24